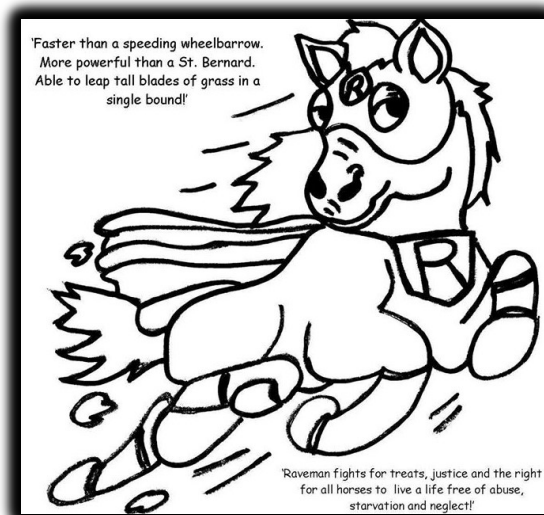# RAVEMAN'S GELDING CRUSADE APPLICATION

Begin Again Horse Rescue (BAHR) is a 501 (c) 3 organization that raises funds and seeks donations to help horses in need. We accept applications from individuals within a 2 hour radius of our farm located in Lima, NY. BAHR does not have a grant season. As long as we have the funds to approve grants we accept applications to assist in the cost of castration/gelding.

Instructions for grant submission:
You must be at least 18 years old to apply. Please answer each question thoroughly. If the application is filled in by hand please use blue or black ink and print legibly. Be sure to submit the application with original signature and initials. ***Please include a photograph(s) of the horse(s). for which assistance is sought***. The term horse on this application refers to any equine.

Please be sure to contact your references prior to submission of this application to get their permission to use them and also to give your permission to release information to us. Our normal turn-around time is 2 weeks, but a lot of that depends on the number of applications we have in process and how responsive you and your references are to our inquiries. Also please be aware that incomplete applications will not be processed so please be sure to read and follow these directions. Once you have completed your application, return it to us in one of the following ways:

Scanned via email (preferred) to info@beginagainrescue.org

Postal Mail: Begin Again Horse Rescue * PO Box 28 * Honeoye, NY 14471

Application

Name: of Horse _____Breed_____Age: _____

Are you at least 18?   Yes   No

Applicant is: (Name of individual applying for assistance _____

Current address: _____

City& St: ZIP: _____Phone:_____

E-mail Address: _____

Amount Requested (please attach applicable documents/quote) : _____

Number of horses/ equines you are financially responsible for?_____

Number of animals you are financially responsible for? _____

Where is the horse kept?   your property   full board   self care board

other (please explain) _____

If horse(s) reside(s) on your property, how many acres of turn out do you have? _____

What type of shelter do you provide?_____

Veterinarian Name: _____

Address: _____

City: _____   State: _____   ZIP Code: _____

Phone: _____   E-mail: _____

Farrier Name: _____

Address: _____

City: _____   State: _____   ZIP Code: _____

Phone: _____   Email: _____

Application (cont.)

Equine Professional Reference Name:

Address:

City: State: ZIP Code:

Phone: Email:

If horse(s) are boarded please provide farm information below:

Farm Nmae: Owner/Operator:

Address:

City: State: ZIP Code:

Phone: Email:

As part of the application please include a narrative with the following information:

Description of the horse including age and known physical issues/ailments

How long you've had the horse, and what your future plans are for the horse

Why help is necessary

If BAHR does not grant the entire amount requested, where the additional funds will come from

If an award is granted, how future needs/emergencies will be met

Brief description of your experience with horses

How many horses have you owned previously and what is their current status (sold, deceased, euthanized, leased, etc.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Application (cont.)

Please initial after each, indicating you have read and agree to these terms:

Submission of this application does not guarantee a payment of funds. A representative of Begin Again Horse Rescue will contact you and a visitation may be required before a decision has been made. Payments of funds to support horses will be made directly to the veterinarian performing the procedure. X_____

Begin Again Horse Rescue reserves the right to rescind a pending grant if we find application information has been misrepresented or actions not in the best interest of the equine are observed. X_____

Begin Again Horse Rescue requests updates on horses we support. Where reasonable, a representative will also visit the horse(s) being supported. X_____

Begin Again Horse Rescue requires that grant recipients volunteer at the BAHR farm for a minimum of 24 cumulative hours and/or hold a BAHR fundraising event within one year of receiving funding or recipient agrees by initialing this statement that restitution will be made in full within a year of funds being used .
X_____

Begin Again Horse Rescue retains the right to use pictures and information regarding the assisted equine on our forum, website, BAHR newsletter, in press releases, future BAHR brochures or promotional items.
X_____

X_____Any legal action against BAHR will be taken in Livingston or Ontario Counties, NYS. BAHR will not be held liable for any unsatisfactory results of this gelding surgery.

SIGNATURE (Original Signature is necessary:	DATE:

For BAHR Office Use Only:

Amount awarded: Date Awarded:

Payee:

Date paid: Method of payment